

# Annual Report 2007



Ludwig Boltzmann Institut  
Health Technology Assessment

Ludwig Boltzmann Institute  
of Health Technology Assessment



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Wien, December 2007

## **MASTHEAD**

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# 1 The Institute – An Overview

The Ludwig Boltzmann Institute for Health Technology Assessment (LBI-HTA) was formally founded on March 1<sup>st</sup> 2006, and is intended to operate for a period of 7 years. Having rented office space in the center of Vienna and set up basic infrastructure, the institute started its operational activity in May 2006. An evaluation will take place after 4 years of operational activity in 2010.

**institute was founded in March 2006**

**evaluation in 2010**

## 1.1 Budget

The Ludwig Boltzmann Institute for Health Technology Assessment has a budget of 3,2 Mio Euro from 2006 to 2013, which is about 800.000.- Euro p.a. The annual budget is funded by the partner-institutions and the Ludwig Boltzmann Society.

**total budget of LBI- HTA**

Additional third party funding has been acquired through participation in the EU-project EUnetHTA (2006-2008), InnoHTA (2008-2009) and through two projects with the Austrian federal ministry for health, family and youth (HPV vaccination and tissue banks).

**third-party funds**

## 1.2 Partners

In line with the research policy of the Ludwig Boltzmann Society, the institute focusses on translational research. According to the research programme, strong emphasis is put on applicable short term or medium term results. By setting up partnerships between research-producing and research-applying organisations or institutions for the constitution and financing of the new institute, the transfer of the research results is guaranteed.

**institutional partners**

Partner-institutions in the Ludwig Boltzmann Institute for Health Technology Assessment are actors in health care administration, owners of public hospitals and private universities.

**translational research: partners apply results**



**TILAK/Tiroler Landeskrankenanstalten GmbH**  
Anichstraße 35, 6020 Innsbruck  
<http://www.tilak.at/>



**KAGES/Steiermärkische Krankenanstalten-GmbH**  
Stiftingtalstraße 4-6, 8010 Graz  
<http://www.kages.at/>



**AUVA/Allgemeine Unfallversicherungsanstalt**

Adalbert-Stifterstraße 65, 1201 Wien

<http://www.auva.at/>



**BMGFJ/Bundesministerium für Gesundheit, Familie und Jugend**

Radetzkystraße 2, 1030 Wien

<http://www.bmgfj.gv.at>



**UMIT/Private Universität für Gesundheitswissenschaften, Medizinische Informatik und Technik**

Institut für Public Health, Medical Decision Making und HTA

Eduard Wallnöfer-Zentrum I, 6060 Hall

<http://www.uit.at/>



**PMU/Paracelsus Medizinische Privatuniversität**

Institut für Public Health

Ignaz Harrer Straße 79, 5020 Salzburg

<http://www.pmu.ac.at/>

**new partner in 2008:**  
**Federation of**  
**Health Insurances**

A cooperational contract has been negotiated with the Austrian Federation of Social and Health Insurances and will be effective from 2008 until 2013.



## 1.3 Committees

The LBI-HTA is supported by two committees, namely the Board of Trustees and the Scientific Advisory Group:

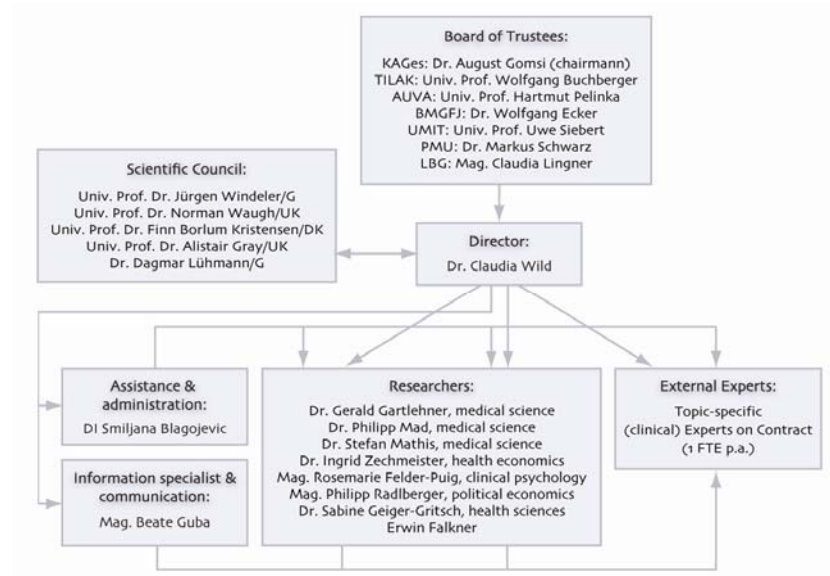


Table 1.3-1: Organigram

Whereas the research programme for the LBI-HTA provides a general methodical backdrop, agenda setting for the current projects is the task of the board of trustees. The board of trustees is composed of one representative from each partner institution.

KAGES: Dr. August Goms (Chair)

TILAK: Univ. -Prof. Dr. Wolfgang Buchberger

AUVA: Univ. -Prof. Dr. Harmut Pelinka

BMGFJ: Dr. Wolfgang Ecker

UMIT: Univ.-Prof. Dr. Uwe Siebert

PMU: Dr. Markus Schwarz

LBG: Mag. Claudia Lingner

### Board of Trustees

Board meetings 2007:

1<sup>st</sup> Board Meeting: March 28, 2007

2<sup>nd</sup> Board Meeting: October 16, 2007

<b>1<sup>st</sup> board meeting: long term programme &amp; project prioritization</b>	The first board meeting dealt with the development of long-term strategies for the research programme on the LBI-HTA, enabling the integration of individual projects into the research programme. These long-term strategies were based on the strategy paper that was written in November 2006. Additionally, topics for 2007/08 were gathered, prioritized and agreed upon.
<b>progress report and potential contribution of partners</b>	The second board meeting in 2007 focussed on internal communication about the status of projects and discussion as to how partner organisations can contribute to projects.
<b>Scientific Advisory Group/SAG</b>	<p>The Scientific Advisory Group (SAG) fulfils the task of scientific support and is selected - in equal shares – by the Ludwig Boltzmann Society and the members of the board of trustees. It consists of</p> <p>Univ. Prof. Dr. Norman Waugh/ UK</p> <p>Univ. Prof. Dr. Alistair Gray/ UK</p> <p>Univ. Prof. Dr. Jürgen Windeler/ BRD</p> <p>Univ. Prof. Dr. Finn Borlum Kristensen/ DK</p> <p>Dr. Dagmar Lühman/BRD</p>
<b>SAG's first meeting: election of the chairman</b>	The first meeting of the Scientific Advisory Group took place on May 4 <sup>th</sup> 2007. Finn Borlum Kristensen was elected chairman of the group, and the role of the SAG was discussed (guidance or supervision). Furthermore, possible measures in methodological (literature research, rapid assessments, economic evaluations) and personal support through members of the SAG were discussed. In addition, there was a debate about the role of national HTAs in the context of international cooperation.

## 1.4 Staff

<b>goals: professionalisation, specialisation</b>	In addition to the organizational development of an interdisciplinary research institute, the professional development and the specialisation of the team members are key issues. The former includes the exchange of perspectives and methodologies, cooperation during projects, internal presentations and discussions, and internal evaluations in order to ensure high quality work.
<b>leadership-training for director</b>	<p>The Ludwig Boltzmann Society has initiated regular director meetings in order to increase both management capacities and identity building. Three meetings with the following leadership training topics have taken place:</p> <ol style="list-style-type: none"> <li>1. May 21<sup>st</sup> – 23<sup>rd</sup>: „corporate identity of LB-society and LB-institutes”, Laa/Thaya</li> <li>2. August 27<sup>th</sup> &amp; 28<sup>th</sup>: „leadership &amp; management”, St. Wolfgang/Wolfgangsee</li> <li>3. November 26<sup>th</sup> &amp; 27<sup>th</sup>: „team development”, Emmersdorf/Melk</li> </ol>
<b>increasing methodological know-how for researchers</b>	All researchers took part in the methodology development courses (see 2.1) „advanced bias spotting” (March 7 <sup>th</sup> , 2007), „systematic hand search with Scopus” (October 25 <sup>th</sup> , 2007), and „the application of GRADE” (December 17 <sup>th</sup> & 18 <sup>th</sup> , 2007).

Some researchers took part in the basic course „evidence based medicine: systematic reviews” (March 29<sup>th</sup> – 31<sup>st</sup>, 2007 – Philipp Radlberger), or in IS-POR's courses „European Databases and Retrospective Database Analysis”, „Cost Estimation and Assessing Financial (Budget) Impact of New Health Care Technologies”, „cost effectiveness analysis alongside clinical trials” (Ingrid Zechmeister), „pharmacoeconomic modelling”, „event registration; utility measurements (preference-based techniques)”, „event registration transferability of cost effectiveness data between countries” (Philipp Radlberger), and „propensity scores” (Gerald Gartlehner).

All members took part in the „power talking”, a rhetoric seminar (November 19<sup>th</sup> & 20<sup>th</sup>, 2007 and January 22<sup>nd</sup> & 23<sup>rd</sup>, 2008), which dealt with language patterns and communication behavior. Ingrid Zechmeister also took part in media training about moderation skills and holding press conferences on September 15<sup>th</sup> 2007 in Cologne.

As a part of his doctoral studies in national economic policy at the Vienna University of Economics and Business Administration Philipp Radlberger attended the classes „quantitative research methods”, „qualitative research methods”, „science theory”, and „research seminar in social policy”. Sabine Geiger-Gritsch is currently working on her thesis for a MPH at the UMIT.

As an interdisciplinary institute the organisation of work is guided by professional – assigned topic-specific – project management.

Director (strategy and coordination):

- ✧ Claudia Wild, Dr. phil.  
Research background: Communication Science, Political Science

Deputy director:

- ✧ Ingrid Zechmeister, Dr. rer. soc. oec., MA  
Research background: Health Economics

Office:

- ✧ Smiljana Blagojevic, Dipl.-Ing.

Information specialist:

- ✧ Beate Guba, Mag. phil., MSc

Senior Researcher:

- ✧ Rosemarie Felder-Puig, Mag. rer. nat., MSc  
Research background: Psychology, Clinical Research
- ✧ Gerald Gartlehner, Dr. med., MPH (since 2007/05/01)  
Research background: Medicine
- ✧ Philipp Mad, Dr. med.  
Research background: Medicine
- ✧ Stefan Mathis, Dr. med., Dipl.-Ing. (since 2007/05/01)  
Research background: Medicine
- ✧ Sabine Geiger-Gritsch, Mag.pharm., Dr.scient.med. (since 2007/05/01)  
Research Background: Pharmacy, Health Sciences
- ✧ Philipp Radlberger, Mag. rer. oec.

**rhetoric course**

**university education**

**project management**

**team members:**

**director & deputy  
director**

**office**

**information specialist**

**senior researcher**

	<p>Research background: Health Economics</p> <p>✿ Erwin Falkner (since 2007/05/01) Research Background: Biology</p>
<b>junior researcher</b>	<p>Junior Researcher:</p> <p>✿ Tessa Langley, BSc (since 2007/10/15) Research Background: Economics and Economic History</p>
<b>trainees</b>	<p>Trainees:</p> <p>✿ Tessa Langley, BSc (2007/07/16 - 2007/08/31) Research Background: Economics and Economic History</p> <p>✿ Elisabeth Breyer, Mag. phil. (since 2007/09/03) Research Background: Health Care Management</p>
<b>external experts</b>	<p>External specialists were also engaged in projects:</p> <p>✿ Christopher Adlbrecht, Dr. med. Research background: Medicine</p> <p>✿ Thomas Langer, Dipl.-Soz. Wiss. Research background: Social Sciences</p> <p>✿ Andrea Korencan, Dr. med., Dr. phil. Research Background: Medicine</p> <p>✿ Erich Kvas, Dipl.-Ing. Research background: Biostatistics, Epidemiology</p> <p>✿ Brigitte Piso, Dr. med. , MPH Research Background: Medicine</p> <p>✿ Sonja Stammberger, Mag iur. Research background: Philosophy of Law</p> <p>✿ Bernhard Martin, Dr. Mag rer.soc.oec. Research background: Sociology, Journalism &amp; PR</p>
<b>institutional memberships</b>	<p>The Ludwig Boltzmann Institute for Health Technology Assessment resp. its team members are members of the following international and national organisations:</p> <p>✿ HTAi (Health Technology Assessment international),</p> <p>✿ INAHTA (International Network of Health Technology Assessment),</p> <p>✿ EUPHA (European Public Health Association),</p> <p>✿ German Network for Evidence Based Medicine,</p> <p>✿ German Society for promoting HTA,</p> <p>✿ Austrian Society for Public Health,</p> <p>✿ Platform Health Economics.</p>
<b>individual memberships</b>	<p>In 2005 <b>Claudia Wild</b> was appointed to the Supreme Health Council (advisory committee of the Health Minister), the Viennese Council of Bioethics and the Scientific Advisory Committee of the EBM-Working Group at the Austrian Federation of Social Insurances. Since 2007 she has been a board member of the Austrian Society for Public Health.</p>

**Ingrid Zechmeister** is a member of International Health Economics Association/IHE and of the „Fachhochschulentwicklungsrat für biomedizinische Analytik“.

**Erwin Falkner** is member of the Tissue Engineering International & Regenerative Medicine Society (TERMIS) and the BiomatNet/The Biomaterial Network.

**Sabine Geiger-Gritsch** is a member of the „German Society of Medical Informatics, Biometrics and Epidemiology” and of the „International Society for Pharmacoeconomics and Outcomes Research (ISPOR)”.

**Beate Guba** is a member of the „German Society of Medical Informatics, Biometrics and Epidemiology”, of the „European Association for Health Information and Libraries”, of the „Arbeitsgemeinschaft für medizinisches Bibliothekswesen” and the „Forum österreichischer Medizinbibliothekarinnen und -bibliothekare” and since 2007 member of the „Verein zur Förderung der Informationswissenschaft”.

**Philipp Mad** is member of the European Pathway Association EPA.

## 1.5 Infrastructure

The institute has a 150 m<sup>2</sup> office space (6 separate rooms) and a 70 m<sup>2</sup> library/seminar room. The institute is equipped with 12 personal computer workstations. For 2008, 14 positions are planned.

office space and  
equipment

The library holdings amount to approximately 270 titles. Three electronic journals („Health Services Research”, Journal of „Public Health”, „ACP Journal Club” – in addition to the International Journal „Technology Assessment in Health Care” and „Zeitschrift für Ärztliche Fortbildung und Qualität”) were recently licensed. Moreover, access to several bibliographic databases has been established, e.g. Scopus (Elsevier) and Medline (Ovid).

library

## 1.6 Highlights of the Year

In January and March the LBI-HTA published its methods manuals. In the first part („external”), the conceptions and processes of the LBI-HTA are portrayed to present - in a transparent manner - its scientific basis. The purpose of part 2 („internal”) is to illustrate and standardise the processes involved in obtaining results, based on international examples.

focus methodology:  
manuals,  
series of method-  
papers,  
GRADE adaptation for  
DRG-decision support

The production of a series of six papers on methodology topics was arranged with the weekly WMW (Wiener Medizinische Wochenschrift). Most of the researchers of the LBI-HTA contributed to their creation between July and September 2007. The articles will be published over the course of 2008. For the assessment of medical procedures before their potential inclusion in the Austrian DRG catalogue, a standardised methodology using the assessment tool GRADE (see project description in PG 2) has been developed. Training and trials using the standardised methodology were carried out by all team members during November and December 2007.

<p><b>focus science communication: website &amp; press reports</b></p>	<p>Lectures on „the support of decision-making in the health sector” were held regularly and were well attended, attracting 25 – 40 visitors each month throughout the year. Because of strong interest on one occasion the lecture took place in the neighbouring rooms of the Society of Physicians. Also, the institute's monthly newsletters, which are being distributed to around 400 people in Austria and Germany, are being met with interest. According to logfiles, 1200 to 1300 hits for the newsletter per month and 250 to 300 for project reports are registered. The media - newspapers and magazines in particular, but also radio - produced 13 reports on the institute or its members during 2007.</p>
<p><b>focus emerging technologies</b></p>	<p>As a consequence of an overview project about international „Horizon Scanning Programmes” in 2006, the content and procedural design of an EU-wide newsletter on Emerging Technologies has been developed within the framework of EUnetHTA and in close cooperation with EuroScan. A Horizon Scanning Programme on oncology is currently being developed in the LBI-HTA. It is due to be introduced in spring 2008 and run biannually in the future. Thus, in 2008, the LBI-HTA will be running horizon scanings and entering the international network of EuroScan. Together with an EU-wide consortium under the lead of the Fraunhofer ISI (Institute of System and Innovation research), a system of indicators is currently being developed in order to assess medical technologies from the perspective of industry.</p>
<p><b>spin-offs from intensive international cooperation: HPV, Avastin, methods: modelling</b></p>	<p>Also, as regards the content of projects, close cooperations for structuring information transfer are increasingly fruitful. The health economic modelling of an HPV-vaccination programme for the Austrian system was established within 4 months, due to intense cooperation between the inventors of the British model (who provided the model free of charge) and Norwegian experts, who had already adapted it to the Norwegian system. There is also cooperation with the University of Warwick in terms of modelling methods. Close cooperation with EUnetHTA has also been established following a project on „Avastin for age-related macula degeneration”. Extra work in reviewing the evidence (literature reviews) was avoided by means of same-language (English) evidence tables: time and staff resources were saved.</p>
<p><b>national cooperation</b></p>	<p>In September, in order to enhance exchange and knowledge transfer with the institute for Public Health, Medical Decision Making and HTA, at the private University for Health Sciences, Medical Informatics, and Technology (UMIT), a two day meeting took place in Schladming, combined with some hiking for the two institutions' staff. Methodological exchange, joint publications and personal development were agreed upon.</p>
<p><b>anniversary celebration</b></p>	<p>On May 22<sup>th</sup> 2007 the LBI-HTA's one-year anniversary was celebrated with partners and friends. The editor in chief of the ÖKZ, Mag. Andrea Fried, praised the work of the LBI-HTA's first year.</p>
<p><b>HTAi conference in Barcelona</b></p>	<p>Most of the team members of the LBI-HTA participated in the 4<sup>th</sup> HTAi Conference in Barcelona, which brought together people with a common interest in HTA, and enabled socialising with colleagues from all over the world.</p>

## 1.7 Research Programme: 5 Programme Lines

### **Comprehensive assessments of health interventions & evidence-based health services research**

programme line 1

HTA can now look back on 20 years of methodological developments and international harmonization. „Traditional” assessments answer questions on new/innovative or established medical interventions such as

- ✱ Is the intervention effective, does it work?
- ✱ For whom, which subgroup of patients?
- ✱ At what cost?
- ✱ How does the intervention compare with alternatives?

Unlike traditional HTA, evidence-based health services are still young, but are based on the same basic research principles: systematic literature search and analysis, transparent presentation of sources, process and results and interdisciplinary perspectives. In contrast to the results from the critical appraisal of medical interventions, the results from health services research are deeply anchored in the health systems concerned and cannot be transferred as easily into other systems. The research field of evidence-based planning follows the approach of distinguishing between demand and need and of critically questioning the actual utilisation of health services.

For this reason, the LBI-HTA as an HTA institute in a small country is devoted to bringing international HTA into our national context and to further developing methods of evidence-based health services research.

### **Scientific support of health policy and decision-maker networks**

programme line 2

Policy-relevant decisions are traditionally reached on the basis of a consensus of high-ranking experts in boards and committees. This process of exclusively expert-based (so-called eminence-based) decision-making is highly prone to bias, conflict of interests and doctrine. It is the aim of the evidence-based support of decision-making to collect and present recent research results and to provide a more rational and transparent input to the process of health policy decision-making independent of influences from interest groups. The aim is to shape the process in the long term by systematically questioning marketed information and by asking for sound evidence.

It is the task of the scientific support of health policy and decision-maker networks to react rapidly to demand and to present the evidence in a transparent and readable format to decision-makers.

### **Health Technology Assessment in hospitals**

The informal „HTA in hospitals” network consists of a group of about 20 high-ranking decision-makers (medical directors and quality managers) from nearly every Austrian hospital cooperation. The network meets 3 times a year (October, February, June) in order to receive informational HTA input into 4 prevailing topics, to discuss them and to exchange ideas on regulatory and reimbursement issues.

The task of the LBI-HTA is to coordinate the meetings, to ask for and collect current topics and to prepare the presentations. The format of the meetings is to present each topic from the HTA perspective and by an invited clinical expert, which subsequently leads into a structured discussion.

### **Scientific decision support of Health Ministry**

It is the task of the LBI-HTA to provide - on request - scientific support to different committees of the Austrian health ministry (BMGFJ, <http://www.bmgfj.gv.at/>):

- ✿ to support the Medical Advisory Group for the maintenance of the Austrian medical procedure classification (Austrian DRG Catalogue) with evidence analysis of new/innovative or established medical interventions.
- ✿ to react to information enquiries in the Supreme Health Council (advisory committee of the Health Minister).

#### **programme line 3**

### **Public understanding and research transfer**

Quite often - steered by early media coverage - the demand for new/innovative health care interventions emerges, even before market approval or reimbursement. „Public understanding” is both the transfer of knowledge about market forces and about methods for critically questioning the evidence presented on effectiveness and cost-effectiveness, appropriateness, and methodological support for the differentiation between new and innovative interventions. „Public understanding” is meant to contribute to a better understanding of true effectiveness and, at the same time, to a democratic shaping of benefit packages.

The intention of „public understanding and research transfer” is to build up - through presentations, seminars, monthly newsletter, a user-friendly webpage and search support - a critical mass of patients, journalists, representatives of the health administration, academia etc. that questions the information presented and asks for sound evidence before decision making.

#### **programme line 4**

### **HTA-implementation: development and informing on effective policy instruments**

Evidence for the effectiveness and cost-effectiveness of numerous technologies and interventions can often only be presented after market approval and several years' use under real clinical conditions. However, even then, ineffective technologies are widely spread and applied. Since it is ethically not justifiable to withhold true medical innovations from patients, and because pseudo-innovations absorb a lot of resources, taking new technologies under „surveillance” or „limited application” at specific medical centers is increasingly frequently considered. Consequently, final decisions on reimbursement are made only after patient-relevant outcome data become available.

Methods for limited application and the assessment and appraisal of technologies and interventions after having obtained patient-relevant outcome data are still young. In this programme line, they will be further developed and applied.

#### **programme line 5**

### **International cooperation / HTA Best Practice**

The EUnetHTA project started in January 2006 and is financed by DG SANCO/Health & Consumer Protection in the context of the „Community Action in the Field of Public Health” programme for 3 years (until 2008). The overall aim of EUnetHTA is to establish an effective and sustainable European network for HTA that informs policy decisions. Since all western countries and increasingly some new EU member states use HTA as a policy-tool, cooperation and collaboration is of utmost importance in order to reduce redundancies. 60 institutions from 31 countries cooperate within



EUnetHTA. The reduction of overlaps and duplication, the transferability of HTA-reports within Europe and the strengthening of links with healthcare policy are the objectives of EUnetHTA.

The LBI -HTA is co-initiator and leading partner in EUnetHTA and leads work package 7 in close cooperation with the French HAS/Haute Autorité de Santé.



## 2 Research Projects

### 2.1 Projects & Activities in the 5 Programme Lines

#### Effectiveness of intensified care for newborns by paediatricians

programme line 1

*Responsible for the project: Ingrid Zechmeister*

*Duration: 05/2006 - 03/2007*

*Research question/objective:* Postnatal care of healthy newborns is managed in western countries in very different ways. With a high proportion of women delivering their babies in hospitals, the permanent postnatal medical care of paediatricians (with additional qualifications in neonatology and intensive medicine) alongside the traditional care by midwives and obstetrician is increasingly demanded, even in peripheral hospitals. It is the task of the project to research the evidence for the effectiveness of different models of care for healthy newborns. The research question is whether postnatal care (within 1-3 days after delivery) leads to better clinical outcomes with an additional permanent paediatrician or with the traditional model of patient visits by residential paediatricians in peripheral hospitals.

*Method:* Systematic review

*Content:* Paediatric care in Austria; models of different roles of paediatricians in postnatal care of healthy newborns; international guidelines and recommendations; time-relevant diagnosis and therapies in postnatal care.

#### Needs assessment for out-patient services in university hospitals

programme line 1

*Responsible for the project: Claudia Wild, Philipp Mad*

*Duration: 05/2006 - 03/2007*

*Research question/objective:* University hospitals have to provide medical care and teaching functions: patients expect university hospitals to offer the latest medical treatments. Under increased budgetary and capacity constraints, out-patient services as well as in-patient care provision in university hospitals have to concentrate on specialized services not covered elsewhere. An assessment of the requirements (meeting the needs without accelerating the demand) of university out-patient services aims to investigate the question of additional services and trends and tendencies in the provision of services. The analysis of the data from 25 university hospital clinics offering outpatient services (University Hospital of Innsbruck) will support the planning of these services in the future.

*Method:* Systematic review and (retrospective) data analysis

*Content:* Systematic review of international approaches to planning and restructuring out-patient services at university hospitals; data analysis of out-patient services in the University Hospital Innsbruck: quantity frequencies of services delivered; description of care „environment”: provision of services by physicians and specialists in the surrounding area; data analysis of frequent services with low specialisation for their need for vocational training and research.

programme line 1     **HER2 testing**

*Responsible for the project: Claudia Wild*

*Duration: 01/2007 - 06/2007*

*Research question/objective:* The availability of a targeted therapeutic antibody (trastuzumab) for HER2 positive tumours requires HER2 testing in order to reliably identify patients who might benefit from trastuzumab treatment. This is because only patients who have the potential to benefit from the treatment (positive clinical effects) ought to receive Herceptin, but also because of its severe side-effects (grade 3 or 4 cardiotoxicity), and high costs. The research question is: What is the gold standard for diagnosing HER2 positive tumours? Which is the most accurate and reproducible method for identifying the candidates for potential therapy with monoclonal antibodies, and are the applied tests reliable for selecting HER2 positive patients?

*Method:* Systematic review of studies on questions of validity and standardization of the 2 most commonly used methods IHC (immuno histochemistry) and FISH (fluorescence in situ hybridization). Also, the inter-observer and the inter-laboratory concordance esp. in the diagnosis of borderline results.

*Content:* The review discusses - systematically - the HER2 testing results of more than 23 000 specimens, achieved in local, central or reference laboratories. IHC results show much greater variability than FISH test results, particularly for the FISH negative cases. The results of most presented studies indicate that high-level HER2 amplification and an IHC score of 3+ will identify HER2 positive breast carcinoma; the low-level amplification and/or IHC score of 2+ should be carefully interpreted. There is agreement that the most (cost-)effective testing strategy is to screen all patients with IHC, followed by FISH for IHC of 2+ (or of 2+ and 3+). Findings concerning different results from local/central laboratories suggest moderate inter-observer and inter-laboratory reliability of test results. A volume/experience relationship is observed.

programme line 1     **Development of determinants for a scientific monitoring and evaluation of the Mammography Screening Model Salzburg**

*Responsible for the project: Philipp Radlberger*

*Duration: 10/2006 -07/2007*

*Research question/objective:* During the last 20 years mammography screening programs for 50-69 year old women have grown in importance and nowadays are even directed in their implementation by EU-Guidelines. Such mammography screening programs have important clinical and economic consequences: With high quality assurance one can expect an early detection of breast cancer and a relative reduction of breast cancer mortality of 20-30%, which corresponds to an absolute reduction of 2-3%. In order to evaluate the cost effective implementation of such programs, a catalogue of determinants containing clinical as well as organisational and economic parameters of result evaluation is required. In view of performance, Salzburg's mammography screening model shall be scientifically supported by the development of a determinants catalogue, based on long term-experience of other countries such as Canada, Great Britain or Sweden.

*Method:* Overview and systematic analysis of best practice models and performance determinants

*Content:* Systematic review of international performance determinants, guidelines for clinical and organisational quality assurance and for certification of breast cancer assessment centres; catalogue of performance determinants and cost analysis.

**Statins: A comparison between predicted and actual effects on inpatient care in Austria - part 2**

programme line 1

*Responsible for the project:* Ingrid Zechmeister

*Duration:* 2006-2007

*Research question/objective:* Since the 1990s statins have been increasingly applied for the prevention of cardio-vascular diseases. In clinical studies they have been shown to be effective. Compared to placebos, a relative risk reduction with respect to mortality and morbidity has been demonstrated. Apart from the clinical benefit, it has been expected that the use of statins will reduce the number of cardio-vascular interventions (such as coronary artery bypass grafting) and thus will result in decreasing hospitalisation. This should eventually guarantee favourable cost-effectiveness results. The question to be answered is whether there is empirical evidence to support this hypothesis, not only on the basis of clinical studies but under real conditions of use in Austria.

*Method:* In part 1 of the project a systematic review of economic evaluations which addressed statin therapy for the secondary prevention of cardiovascular diseases was carried out. The results can be downloaded from <http://epub.oeaw.ac.at/ita/ita-projektberichte/d2-2b30.pdf>. In part 2 a decision analysis model which was developed for the UK will be adapted with Austrian utilisation and cost data.

*Content:* Conducting a workshop and adapting the UK model in cooperation with the University of Sheffield and with the Federation of Austrian Social Security Institutions. Based on the results, in part 3 of the project the impact of statin therapy on actual hospital interventions in Austria will be analysed empirically.

**Avastin for age-related macular degeneration: Safety aspects**

programme line 1

*Responsible for the project:* Claudia Wild

*Duration:* 07/2007 – 10/2007

*Research question/objective:* Age-related macular degeneration is a potentially blinding disease, caused by neovascularisation, a pathological growth of blood vessels in the retina. In recent years the management of AMD has been significantly changed by new treatment options, such as VEGF/vascular endothelial growth factor, which inhibits the growth. Ranibizumab/Lucentis was approved for the treatment of AMD in spring 2007, the almost identical drug Bevacizumab/Avastin is currently only approved for the treatment of colorectal cancer, but is being used extensively in an „off-label” manner in ophthalmological practice, because of its proven equal effectiveness. Avastin has not undergone rigorous clinical trials or comparative research. Avastin is considerably less expensive. The aim of this assessment is to systematically analyse the side-effects and safety aspects of Avastin in the treatment of AMD.

*Method:* Systematic search and analysis of clinical studies on safety issues and Avastin's profile of side-effects; rapid assessment in cooperation with six European countries.

**programme line 1 HPV vaccination: Cost-effectiveness analysis**

*Responsible for the project: Ingrid Zechmeister*

*Duration: 08/2007 – 12/2007*

*Research question/objective:* Various epidemiological observations have shown a correlation between infections with certain human papilloma viruses and the development of cervical carcinoma, resp. carcinoma in its early stages. Recently, though only secondary to the successful screening programmes for early detection (pap smear tests), immunization against some high-risk HPV types became possible. Now, after the approval of the vaccines, health care decision-makers are required to decide, if and, if so for which sub-groups the vaccination should be financed by public resources. Significant criteria are the potential for actually preventing disease and death (the anticipated health effect) and accordingly, the expected costs and cost-reductions. As a basis for sound information, health economic models have been developed in other countries. This assessment conducts a cost-effectiveness analysis for HPV immunization for the Austrian context and is intended to make a prognosis of the expected impact of a vaccination on defined health-parameter life-years saved, avoided events and costs in comparison to screening alone.

*Method:* Adaptation of the Norwegian/UK health economic HPV model and calculation of different vaccination strategies.

**programme line 1 Clinical applications of tissue engineering: An outline of the field of research, Austrian aspects and critical analysis of selected approaches**

*Responsible for the project: Erwin Falkner*

*Duration: 05/2007 – 05/2008*

*Research question/ objective:* Tissue Engineering (TE) is defined as the use of autologous or allogeneous cells, mostly in a matrix of proliferation and/or differentiation enhancing environment to stimulate tissue and organ regeneration in patients of varying clinical conditions. State of the art of TE projects vary from prevalent clinical usage of in vitro cultivated autologous chondrocytes for knee defects to future visions of whole organ systems. Benefits and risks for patients, advantages to common therapies as well as costs have been evaluated only for certain aspects of the field, yet. The goal of the project is a review of the current international state of TE, with a focus on the analysis of structural questions on Tissue Banks in the Austrian theatre, furthermore to evaluate selected fields of application critically in the means of patient value.

*Method:* Systematic investigation of TE applications and analysis of current evidence of its use; classification into 6 categories (conceptualized, experimental, animal testing, pre-clinical phases, ripe clinical application, abjected onsets); assessment of selected TE approaches with clinical relevance in Austria; analysis of Austrian guidelines for tissue banks, structural conditions, assurance of quality.

## **Nonspecific acute and chronic back pain: Evidence-based diagnosis and treatment in practice – options and limitations**

programme line 1

*Responsible for the project: Rosemarie Felder-Puig*

*Duration: 06/2007 – 04/2008*

*Research question/ objective:* Nonspecific acute and chronic back pain, primarily in the low back, are amongst the most frequent pain problems, although estimates of their prevalence and economic consequences vary greatly between studies. Since 2000 there has been increasing support in the literature for favouring activating and educational therapies over passive and surgical concepts. Although a number of systematic reviews, HTAs and guidelines are available for diagnosis and treatment of back pain, it seems that the evidence often does not inform everyday clinical decisions of physicians and/or acceptance and compliance of patients. Nevertheless, there is widespread agreement that adherence to evidence-based practice will help improve back pain patient outcomes and reduce costs. The aim of this HTA is to provide a systematic review of current best evidence of effective prevention strategies and diagnostic and therapeutic modalities. We will address discrepancies in recommendations across guidelines, their methodological quality and the fact that most of them are monodisciplinary rather than multidisciplinary. Further, we will broach the issue of scarce availability of high quality information for patients.

*Method:* Evaluation of current German-language guidelines and comparison to results of recent meta-analyses, systematic reviews and HTAs; collection of Austrian epidemiological data; experts' opinions about practice and discrepancies.

## **Outpatient cardiac rehabilitation**

programme line 1

*Responsible for the project: Gerald Gartlehner, Brigitte Piso*

*Duration: 11/2007 – 09/2008*

*Research question/ objective:* Cardiac rehabilitation is an important therapeutic intervention to facilitate the reintegration of patients into society, family and work following acute cardiac events. Phase I of the cardiac rehabilitation consists of the early mobilization during the hospital stay after an acute cardiac event. Phase II consists of various other interventions, lasting 4 to 6 weeks, and administered in an outpatient or inpatient setting. The objective of this systematic review is to assess the comparative efficacy and safety of inpatient and outpatient cardiac rehabilitation in defined populations. Furthermore, the report will examine how health systems, compared to the Austrian one, have evaluated the quality of cardiac outpatient rehabilitation. Based on these findings, the report will discuss valid outcome parameters that could be used to evaluate cardiac outpatient facilities in Austria.

*Method:* Systematic review.

**programme line 1      Clinical pathways: Assessing outcome and effectiveness**

*Responsible for the project: Philipp Mad*

*Duration: 07/2007 – 04/2008*

*Research question/objective:* In recent years clinical pathways have been increasingly introduced in western countries as instruments for quality assurance. A survey among users of clinical pathways in 23 countries found that clinical pathways are mainly perceived as tools for improving multidisciplinary approaches to enhance quality and evidence based care. These days, clinical pathways are primarily applied in acute health care settings. Despite worldwide increased implementation of clinical pathways many questions remain as to their actual impact: on the one hand there are uncertainties about their exact definition, scope and profile in contrast to other instruments of quality assurance. On the other hand, their intention, value and measurable benefit is not entirely clear. The objective of this assessment is to look closely at the potential to evaluate the impact of clinical pathways in general and to identify outcome-indicators on the basis of previous evaluations, and to give an overview of the effectiveness of clinical pathways as measured by these outcome-indicators

*Method:* The appraisal orientates itself along the methodology developed by the propositions of the Cochrane Effective Practice and Organisation of Care (EPOC) Group for measuring the impact of organisational, regulative, educative and financial interventions in health.

**programme line 1      Alcohol therapy in Austria compared to other countries: status quo and alternatives using the example of the region of Salzburg**

*Responsible for the project: Philipp Radlberger*

*Duration: 10/2007 – 07/2008*

*Research question/objective:* In the field of addiction therapy standardised treatment strategies are often difficult to establish. Alcohol dependent patients vary in terms of the degree and the character of their addictions. Alcohol addicts also differ in motivation, therapy adherence and social environment. It can be difficult to identify their key characteristics, which is necessary for assigning them to the correct patient groups. Different countries and their institutions try to handle these problems in various ways. Regional and national authorities are searching for ways to optimise strategies and programs of treatment. So far we cannot say to what degree such attempts are successful. Some few pharmaceutical treatments as well as psychotherapeutic treatment are widely seen as promising options. Apart from that there is a wide range of different approaches which all have in common: That there is very little existing evidence about efficiency and effectiveness. From a clinical as well as from an economic perspective, establishing a consistent system of alcohol therapy is an enormous challenge.

*Method:* Systematic review, literature and data analysis

*Content:* Comparing structures of services in the region of Salzburg with international approaches as well as real designs of alcohol therapy institutions. Research and evaluation of international evidence on organisation and cost-effectiveness of models of therapy for alcohol addict people.



**Methods manual**

programme line 2

*Responsible for the project: Gerald Gartlehner**Duration: 09/2006 – 03/2007*

*Research question/ objective:* HTA promotes 3 principles: Systematic literature search, analysis and appraisal, transparent presentation of the HTA process and methods, and an interdisciplinary perspective. New medical interventions in particular are often explosive since different interest groups - naturally - assess them differently in terms of innovation/medical advance and „stage of maturity” (still experimental or qualified for broader diffusion). Since HTA is an instrument of critical health policy support, it is not free of conflicts. A manual is intended to facilitate the understanding of our work processes. The intention of an external manual is to present an overview of research methods and tools for collecting, selecting and interpreting the materials and literature for systematic reviews. The manual is intended to make the routes to the results reproducible. The intention of the internal manual is the standardization of processes and of terminology, and to support research with toolkits such as templates for the external and internal validity of studies, evidence tables, classification schemes etc. The manual contains a special focus on methodological questions concerning rapid assessments of new/innovative technologies.

*Method:* Systematic synopsis of HTA methods and processes*Content:* Definitions, Methods for literature search and classification, Selection criteria, data abstraction, appraisal.**Development, evaluation and application of a method to assess individual medical services 2008**

programme line 2

*Responsible for the project: Gerald Gartlehner, Rosemarie Felder-Puig**Duration: 07/2007 – 03/ 2008*

*Research question/ objective:* Each year, the Austrian Ministry for Health, Family and Youth receives suggestions for numerous new medical interventions to get reimbursed. The aim of this project is to develop a standardized tool to evaluate the scientific evidence for these interventions. The project consists of two parts. The objective of the first part (July - December 2007) is the development of an algorithm to systematically evaluate the efficacy and safety of interventions suggested for inclusion in the MEL (individual medical services) catalogue. A preliminary algorithm, based on the methods manual of the LBI-HTA, will be tested by multiple persons and refined based on consensus. During the second part of the project (January - March 2008), 20 interventions that were prioritized by the Ministry of Health for inclusion into the MEL catalogue will be systematically evaluated. The assessments will be based on systematic reviews for each intervention and a summary of the scientific evidence according to the GRADE scheme.

*Method:* Development of an algorithm and a report format; systematic reviews and summary of evidence according GRADE.

programme line 2:  
hospital networking

**Health Technology Assessment in hospitals**

*Responsible for the project: Claudia Wild*

*Duration: 3 x p.a.*

**February 27<sup>th</sup> 2007 - Topics**

- ✿ Natalizumab in the treatment of multiple sclerosis
- ✿ Lucentis and the treatment of age-related macular degeneration
- ✿ Photoselective laser vaporization of prostate
- ✿ Robotics in urology
- ✿ Cancer treatment: HER2 diagnostics, Herceptin®, monoclonal antibodies
- ✿ Drug eluting stents: An update
- ✿ Kyphoplasty: An update

*Method: presentations*

**May 22<sup>nd</sup> 2007 - Topics**

- ✿ Photodynamic therapy of malign intestinal stenosis
- ✿ Palliative Care
- ✿ HPV
- ✿ Y-90-Octreotid and Lu-177-Octreotid in the treatment of metastasizing neuroendocrine tumours in the gastrointestinal tract
- ✿ Human growth hormones

*Method: presentations*

**Oktober 16<sup>th</sup> 2007 - Topics**

- ✿ Enzyme substitution therapy
- ✿ Immune adsorption
- ✿ Avastin in the treatment of age-related macular degeneration
- ✿ Evaluation and application of a method to assess individual medical services 2008

*Method: presentations*

programme line 2:  
rapid policy advising

**Philipp Radlberger** developed an evaluation scheme for the *Salzburger Gesundheitsfonds SAGES* (funding agency). It is used jointly by experts of the government in Salzburg and regional social insurance companies in order to assess projects which receive annual subsidies for measures for relieving hospital efforts. The results of the evaluation were submitted to the government of the region of Salzburg.

**Claudia Wild** consulted the Austrian ministry for health, family and youth by submitting reports about

- ✿ cardiac contractility modulation after a request from the DRG-Committees – May 2007
- ✿ volume and outcome in oncology after a request from the minister – June 2007

✿ extracorporeal shockwave therapy – new and existing evidence after a request from the DRG-Committee (in cooperation with Bernhard Martin) – December 2007

In programme line 3 the following activities take place on a regular basis: public seminar-series („decision support in health care”), semi-public trainings on methodology, HTA newsletter and website.

*Responsible for the project: Beate Guba*

**programme line 3:  
research transfer**

### **Health economics apart from the market-based mainstream**

01-16-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Univ.-Prof. Dr. Bernhard J. Güntert, MHA

### **HEK/Commission for Evaluation of Pharmaceuticals: Methods, workflows, assessment procedures**

02-19-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Univ.-Prof. Dr. Markus Müller

### **Ethics instead of technology assessment? Advising on biomedical matters**

03-20-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Alexander Bogner, PhD

### **Antibiotic resistance**

04-18-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Univ.-Prof. Dr. Helmut Mittermeyer

### **Progress in oncology: The role of modern cancer registries**

05-07-2007 | 16:00 | Gesellschaft der Ärzte in Wien (Billrothhaus)

Univ.-Prof. Dr. Dieter Hölzel

### **Evidence-based consumer information**

09-19-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Hilda Bastian

### **The Austrian disease management programme diabetes**

10-23-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Prim. Dr. Gert Klima

### **Is there a link between progression free survival and overall survival in medicinal breast cancer therapy?**

11-29-2007 | 16:00 | Ludwig Boltzmann Institut of Health Technology Assessment

Univ.-Prof. Dr. Uwe Siebert

**seminar series:  
„decision support in  
health care"**

education and training	<b>Bias spotting advanced training course</b>
	03-07-2007   09:00   Ludwig Boltzmann Institut of Health Technology Assessment
	Dr. Monika Lelgemann, MSc, University of Bremen, Univ.-Prof Dr. Norbert Donner-Banzhoff, University of Marburg
	<b>Relative effectiveness</b>
	05-08-2007   14:00   Ludwig Boltzmann Institut of Health Technology Assessment
	Dr. Fabian Waechter, MSc
	<b>Systematic hand search with Scopus</b>
	10-25-2007   15:00-17:00   Ludwig Boltzmann Institute of Health Technology Assessment
	Laura Morgan (via Skype)
	<b>Evaluation of individual medical services using GRADE</b>
	12-17-2007   09:00   Ludwig Boltzmann Institut of Health Technology Assessment
	Univ.-Prof. Dr. Holger Schünemann
other events	<b>Developing an Austrian decision analytic model for statin treatment of CHD patients</b>
	06-13-2007   09:00   Ludwig Boltzmann Institut of Health Technology Assessment
	Dr. Ingrid Zechmeister, Roberta Ara, BSc, MSc, Sue Ward, BA, Dr. Gottfried Endel
HTA newsletter	The monthly HTA-Newsletter appears since May 2006 at LBI of HTA. <i>Responsible for the project:</i> Claudia Wild Duration: 10 x p. a.
website	The website is being held up-to-date on a daily basis. <i>Responsible for the website:</i> Beate Guba
programme line 4	<b>Procedures undergoing evaluation – kyphoplasty and vertebroplasty</b>  <i>Responsible for the project:</i> Rosemarie Felder-Puig <i>Duration:</i> 2006 – 2009  <i>Research question/objective:</i> Conservative treatment of vertebral compression fractures (VCF) in older patients includes bed rest and analgesics followed by mobilisation and eventually, the use of a bodice. Alternatively, two minimally invasive procedures – percutaneous kyphoplasty (KP) and vertebroplasty (VP) – are available. Patients with osteoporotic VCF and chronic pain in particular may benefit from these techniques. VP, which is less costly than KP, induces quick pain relief. KP also leads to a quick pain reduction. In addition, it is meant to be safer and to restore vertebral height, as well as guaranteeing a lower risk of refractures. However, there is insuffi-

cient evidence about these benefits for patients. Specifically, long-term results and cost-effectiveness data are scarce or altogether absent. A study conducted at the Austrian AUVA hospitals should be able to provide data about the effectiveness of KP and VP under real conditions. The study will be performed in co-operation with other clinics (University Clinics of Orthopaedics at Vienna and Graz, Hanusch Hospital Vienna) and will collect data prospectively for a time interval which has yet to be defined.

*Method:* Empirical study, application study

*Content:* Co-ordination of participating institutions; production of study documents (protocol, CRF, patient consent form, application to Ethics Committee, registration); implementation, data insertion and analysis; presentation of results and publication.

**Horizon scanning in oncology: Method development and application for the early identification and assessment of new and emerging drugs**

programme line 4

*Responsible for the project:* Sabine Geiger-Gritsch

*Duration:* 05/2007 – 05/2008

*Research question/objective:* The scientific and medical progress in oncology quickly leads to the introduction of new medicines. In addition, the development of new therapy modalities, the so-called „targeted therapies” such as monoclonal antibodies or tyrosine kinase inhibitors („small molecules”), results in a rapid increase in the medicine costs in oncology in hospitals. The fast and to some extent uncontrolled use of these expensive cancer medicines in clinical practice, as well as their increasing off-label use, has an effect on hospital drug budgets. The development of a „Horizon Scanning System” for the early identification and evaluation of new drug therapy concepts in oncology, i.e. before a routine introduction to cancer treatment, should purposefully prepare hospitals (respectable drug commissions) for new cancer medicines and should contribute to rational decision making as well as supporting the prospective budget planning. The aim of this project is to design a guideline, firstly for the systematic collection of information (sources for identification and criteria for prioritization) about new drugs in oncology (incl. existing drugs with extension of indication) relevant for hospitals, and secondly, for their early evaluation on the basis of defined parameters.

*Method:* Database search; analysis of information sources, criteria for prioritization and parameters for evaluation.

**Key factors in implementing, performing and analysing registries for cardiovascular, neurological and spine specific questions**

programme line 4

*Responsible for the project:* Stefan Mathis

*Duration:* 06/2007 – 03/2008

*Research question/objective:* While randomised controlled studies evaluate health technologies in selected patients, registries cover data from medical interventions in real life situations. Registries are expected to contribute additional information about clinical but also socio-political aspects. However, it is not clear for what kind of questions registries are the adequate methodical approach and what are the key factors for implementing, performing and analysing registries. The object of this project is to give an overview of current registries in cardiovascular, neurological and spine specific fields, to analyse the kind of clinical and socio-political questions being addressed,

and to identify practical and methodical best practice models and key factors for implementing convincing registries.

*Method:* Systematic search for registries and adequate methodical literature; systematic analysis of the registries' objectives.

**programme line 5      EUnetHTA - Application studies and surveillance systems in the EU**

*Responsible for the Project:* Rosemarie Felder-Puig

*Duration:* 2006 – 2008

*Research question/ objective:* Since the actual effectiveness and cost-effectiveness of many of the health technologies that are introduced in health care systems cannot be evaluated before broader application under real conditions, many countries either release technologies that are not fully assessed or require post-marketing follow-up studies. An alternative is the requirement to monitor the use and the outcome of a technology. For this reason, some countries have started to set up „registries” or „application protocols” in order to keep some health technologies (often surgical or costly interventions) under surveillance before broader diffusion takes place and until decisive evidence is available. The objective of Strand A of Work Package 7 of EUnetHTA is to provide tools that enable countries to monitor the development of emerging, new or established health technologies and to share data and results of this monitoring.

*Method and content:* Overview of existing monitoring tools (application studies, registries, etc.) and of technologies that are currently being monitored with these tools; development of commonly shared monitoring tools that are relevant to the different technologies considered and adapted to the resources available in institutions in charge of technology assessment; piloting of one monitoring tool and testing the feasibility of pooling data from different countries using a common monitoring tool.

**programme line 5      EUnetHTA - Emerging technologies (part 2): EU newsletter**

*Responsible for the project:* Claudia Wild

*Duration:* 10/2006 – 07/2007

*Research question/ objective:* Work package 7 of EUnetHTA is subdivided into two strands: The development of a structured information service relevant to policy makers on high-volume, costly and rapidly developing emerging technologies is the task of WP 7/strand B. The work will be carried out in close cooperation with EuroScan. On the basis and experiences of existing „emerging tech”- programmes (part 1), structures and processes for setting priorities in the selection of technologies as well as a first pilot newsletter will be developed, which, after critical evaluation by the WP partners will be distributed on a regular basis after 2008.

*Method:* Design of content and graphics

*Content:* Design of content and graphics; synthesis and specification of priority setting criteria for topic selection; specification of processes (editorial board, frequency etc.); piloting; revision and finalisation; regular production and distribution.

## **InnoHTA: HTA-methodology for innovative healthcare technologies - feasibility of indicators**

*Responsible for the Project: Claudia Wild*

*Duration: 01/2007 – 12/2008*

**Objective:** In January 2007 DG SANCO commissioned a project for assessing (fields of) technologies in the earliest stages of development. The project leader is the *Fraunhofer Institute for Systems and Innovation Research (ISI)*, other partner institutions are *University of Luebeck*, *University of Nottingham*, the *Danish National Board of Health, Health Statistics and Medical Technologies State Agency, Latvia*, and the *GSF - Forschungszentrum für Umwelt und Gesundheit GmbH, Germany*. The project should lead to a set of a limited number of realistic indicators. These indicators are seen as a tool for assessing strengths and weaknesses of (fields of) technologies, despite a high degree of uncertainty. Inno-HTA tries to bring in a broad perspective of HTA-relevant aspects and potential actor groups. Questions related to data validity and realistic value of information about the quality of technologies will be crucial for the choice of the indicators.

**Method:** Design of three different case studies according and comparing the results with those of three other studies and testing a set of indicators on the basis of these examples

## **2.2 Publications**

**Gartlehner G.** (2007): (Internes) Manual. Abläufe und Methoden. Teil 2. HTA Projektbericht Nr. 006.

**HTA project reports**

**Radlberger P., Wild C.** (2007): Mammographiescreening. Evidenzbasierte Evaluationshilfe für organisierte Programme. HTA Projektbericht Nr. 007.

**Wild C., Mad P., Langer T., Guba B., Kvas E., Reichelt Ch., Adlbrecht Ch.** (2007): Rolle und Positionierung der Ambulanzen von Universitätskliniken im Gesundheitswesen, Teil 1: Literaturanalyse & strukturierte Expertenbefragung, Teil 2: Methodenbeschreibung zur empirischen Analyse von Ambulanzleistungen. HTA Projektbericht Nr. 005.

**Wild C.** (2007): (Externes) Manual. Selbstverständnis und Arbeitsweise. Teil 1. HTA Projektbericht Nr. 003.

**Zechmeister I., Wild C., Koller D., Langer T.** (2007): Neonatologische Erstversorgung von Neugeborenen ohne vorab bekanntes Komplikationsrisiko. Ansätze für eine evidenzbasierte Versorgung in der Steiermark. HTA Projektbericht Nr. 004.

**Korencan A., Wild C.** (2007): Testing for HER2 Positive Breast Cancer. HTA Projektbericht 008.

**Zechmeister I., Freiesleben de Blasio B., Radlberger P., Wild C., Kvas E.** (2007): Ökonomische Evaluation der Impfung gegen humane Papillomaviren (HPV-Impfung) in Österreich. [Economic evaluation of HPV vaccination in Austria]. HTA Projektbericht Nr. 009.

**Wild C., Kvas E.** (2007): Medikamentenfreisetzende Stents bei Koronarinterventionen im Vergleich zu nicht beschichteten Stents. Rapid Assessment LBI-HTA Nr. 001.

**rapid assessments**

	<b>Wild C., Adlbrecht, Ch.</b> (2007): Avastin® bei Altersbedingter Makuladegeneration. Analyse der Sicherheit & Nebenwirkungen. Rapid Assessment LBI-HTA Nr. 002.
<b>decision support documents</b>	<p><b>Adlbrecht C.</b> (2007) : Fotoselektive Vaporisation. HTA in Krankenanstalten, Decision Support Document LBI-HTA Nr 001.</p> <p><b>Adlbrecht C.</b> (2007): Radiopeptidtherapie. HTA in Krankenanstalten, Decision Support Document LBI-HTA Nr. 002.</p> <p><b>Mad P.</b> (2007): Photodynamische Therapie Palliation maligner Stenosen im Verdauungstrakt, HTA in Krankenanstalten, Decision Support Document LBI-HTA Nr. 003.</p>
<b>manuscripts in peer-reviewed journals</b>	<p>Knapp, M., McDaid, D., Amaddeo, F., Constantopoulos, A., Oliveira, M., Salvador-Carulla, L., <b>Zechmeister I.</b> and the MHEEN group. (2007): Financing Mental Health Care in Europe. Journal of Mental Health 16 (2): 167-180.</p> <p><b>Zechmeister I.</b> und <b>Österle A.</b> (2007): Informelle Betreuung psychisch erkrankter Menschen: Schafft das österreichische Pflegevorsorgesystem adäquate Voraussetzungen? [Informal Care of People with Mental Disorders: Does the Austrian Long-Term Care System Provide Adequate Support?] Neuropsychiatrie 21 (1): 29-36.</p>
<b>submitted, accepted or in print</b>	<p><b>Felder-Puig R., Mad P., Gartlehner G.</b> (2007): Diagnostische Studien [Diagnostic studies]. Wiener Medizinische Wochenschrift, accepted.</p> <p><b>Puig S., Staudenherz H., Felder-Puig R., Paya K.</b> (2007): Imaging of appendicitis in children and adolescents: Useful or useless? A comparison of imaging techniques and a critical review of the current literature. Seminars in Roentgenology, in print</p> <p><b>Gartlehner G., Wild C., Mad P.</b> (2007): Systematische Übersichtsarbeiten und Meta-Analysen, Wiener Medizinische Wochenschrift, accepted.</p> <p><b>Guba B.</b> (2007): Systematische Literaturrecherche. Wiener Medizinische Wochenschrift 2007, accepted.</p> <p><b>Mad P., Felder-Puig R., Gartlehner G.</b> (2007): Randomisiert kontrollierte Studien [Randomized controlled trials]. Wiener Medizinische Wochenschrift, accepted.</p> <p><b>Mathis S., Gartlehner G.</b> (2007): Kohortenstudien. Wiener Medizinische Wochenschrift, accepted.</p> <p><b>Wild C., Gartlehner G.</b> (2007): Health Technology Assessment. Wiener Medizinische Wochenschrift, accepted.</p> <p><b>Wild C.</b> (2007): Polymorphismen-Screening: genetic testing for predisposition. Guidance for technology assessment. Poiesis &amp; Praxis, International Journal of Ethics of Science and Technology Assessment, in print.</p> <p><b>Wild C., Langer T.</b> (2007): EU-wide newsletter on emerging technologies: Informing and supporting health policy early. Health Policy, accepted.</p> <p><b>Zechmeister I., Wild C., Langer T. und Koller. D.</b> (2007): Pädiatrische Erstversorgung in peripheren Geburtskliniken: Ansätze für eine evidenzbasierte Versorgungsplanung für Neugeborene ohne vorab bekanntes Geburtsrisiko. [Neonatal Care in Peripheral Birth Clinics: An Approach to Evi-</p>



dence-based Health Care Planning for Low-risk Births]. Monatsschrift Kinderheilkunde, submitted.

**Zechmeister I.** (2007): Einsatz von Statinen zur Sekundärprävention kardiovaskulärer Erkrankungen: Ein systematischer Review gesundheitsökonomischer Analysen. [Statins for the secondary prevention of cardio-vascular diseases: A systematic review of economic evaluations.] Gesundheitsökonomie und Qualitätsmanagement, submitted.

**Zechmeister I., R. Kilian und D. McDaid.** (2007): Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations. BMC Public Health, in print.

**Zechmeister I., Radlberger, P.** (2007): Gesundheitsökonomische Evaluation. [Economic evaluation of health care.] Wiener Medizinische Wochenschrift, accepted.

**Felder-Puig R.** (2007): Das ärztlich-therapeutische Gespräch: Die Effektivität verstärkter Arzt-Patienten-Kommunikation. Newsletter der Österr. Ges. f. Public Health 2007: 1.

non peer-reviewed  
articles

**Felder-Puig R.** (2007): Aus für klinische Studien?. Österreichische Ärztezeitung 2007; 12: 48-49.

**Guba B.** (2007): Bibliotheksangebote in Universitätsportalen - Chancen und Risiken. Mitteilungen der VÖB 60(2): 30-38.

**Wild C.** (2007): Unabhängige klinische Studien. Wiener Wissenschaftsfonds startet Förderlinie. In: ÖKZ/Österreichische Krankenhauszeitung, 1: 16

**Wild C.** (2007): Horizon Scanning, In: ÖKZ/Österreichische Krankenhauszeitung (04): 16

**Wild C.** (2007): FDA Warnung zu Erythropoietin. In: ÖKZ/Österreichische Krankenhauszeitung (07): 11

**Wild C.** (2007): Evaluierung der österreichischen Mammographie-Screening Pilotprojekte? In: ÖKZ/Österreichische Krankenhauszeitung (11): 16

**Wild C.** (2007): Drug Eluting/Medikamentenbeschichtete Stents. Aufregung, Kalmierung und vorliegendes Wissen. In: ÖKZ/Österreichische Krankenhauszeitung (12): 16.

**Wild C., Zechmeister I.** (2007): Gestaltung von Gesundheitspolitik: Rationalitäten einer gerechten Verteilungspolitik - Health Technology Assessment als Mittel zum Zweck. Kurswechsel 2/2007.

**Zechmeister, I.** (2007). Psychische Gesundheit zahlt sich aus!? Evidenz zur Wirtschaftlichkeit von ‚Mental Health‘ Förderungs- und Präventionsmaßnahmen [Is it worth investing in mental health promotion and prevention of mental disorders? Evidence from economic evaluations.] In: Meggeneder, O. Tagungsband zur Wissenschaftlichen Jahrestagung der Österreichischen Gesellschaft für Public Health, in print.

contributions in books

**contributions at  
conferences**

**Falkner E.**, Eder C. (2007): Health Technology Assessment: Evaluation of Costs and Benefits of Therapies & Methods. ESAO 2007 - XXXIV. Conference European Society for Artificial Organs, Krems 2007, published in Int. J. Artif. Org.

**Falkner E.**, Eder C., Mathis S., Wild C. (2007): Health Technology Assessment (HTA): Evaluation of Costs and Benefits of Tissue Engineering, BIOSPINE 2, 2<sup>nd</sup> International Congress – Biotechnologies for Spinal Surgery, Leipzig 2007, published in European Spine Journal.

Eder C., **Falkner E.**, Mickel M., Ogon M. (2007): The Chick Chorionallantoic Membrane: A Rapid, Cheap and Simple Model for Pre-Assessment of Biocompatibility in Tissue Engineering Research. BIOSPINE 2, 2<sup>nd</sup> International Congress – Biotechnologies for Spinal Surgery, Leipzig 2007, published in European Spine Journal.

Eder C., Bartl R., Meissner J., Mickel M., **Falkner E.**, Ogon M. (2007): Tissue Engineering of the Intervertebral Disk: Does Donor Pathology Matter? BIOSPINE 2, 2<sup>nd</sup> International Congress – Biotechnologies for Spinal Surgery, Leipzig 2007, published in European Spine Journal.

**Falkner E.**, Eder C., **Wild C.** (2007): Evaluation of Regenerative Medicine/Tissue Engineering Approaches by Health Technology Assessment. 3<sup>rd</sup> World Congress on Regenerative Medicine, Leipzig 2007, published in Regenerative Medicine.

**Felder-Puig R.** (2007): Therapie mit Trastuzumab (Herceptin®). Optimale Dosierung und Behandlungsdauer? [Trastuzumab (Herceptin®. Optimal dose and duration of treatment?]. Vortragsreihe „HTA in Krankenanstalten“, Wien, 02-27-2007.

**Felder-Puig R.** (2007): Das ärztlich-therapeutische Gespräch: Die Effektivität verstärkter Arzt-Patienten-Kommunikation [The effectiveness of the therapeutic conversation]. Generaldirektion Hauptverband der österr. Sozialversicherungsträger, 03-12-2007

**Felder-Puig R.** (2007): Das ärztlich-therapeutische Gespräch: Die Effektivität verstärkter Arzt Patienten-Kommunikation [The effectiveness of the therapeutic conversation]. Gastvortrag am Institut für Kommunikationswissenschaft, Universität Salzburg, Salzburg, 03-12-2007.

**Felder-Puig R.**, **Guba B.** (2007): Einsatz von Kyphoplastie und Vertebroplastie bei PatientInnen mit schmerzhaften Wirbelkörperkompressionsfrakturen – eine österreichische Anwendungsbeobachtung [Kyphoplasty and vertebroplasty for the treatment of painful vertebral compression fractures. An Austrian study]. 8. Jahrestagung des Deutschen Netzwerks für evidenzbasierte Medizin, Berlin, March 22-24, 2007.

**Felder-Puig R.** (2007): Das ärztlich-therapeutische Gespräch: Die Effektivität verstärkter Arzt Patienten-Kommunikation [The effectiveness of the therapeutic conversation]. Gastvortrag in der Vorstandssitzung des Hauptverbands der österreichischen Sozialversicherungsträger. Wien, 04-24-2007.

**Felder-Puig R.**, Turk E., **Guba B.**, **Wild C.** (2007): The effectiveness of the therapeutic conversation in general practice. HTA for Evidence-Based Public Health, Barcelona, June 17-20, 2007.

Puig S., **Felder-Puig R.** (2007): Relevanz der diffusionsgewichteten Bildgebung für das Outcome nach Schädelhirntrauma – ein systematischer Review [Clinical relevance of diffusion-weighted imaging for the outcome after

brain injury – a systematic review]. 42. Jahrestagung der Deutschen Gesellschaft für Neuroradiologie, Frankfurt/Main, Aug 29 –Sept 1, 2007.

**Felder-Puig R.** (2007): Akademische klinische Forschung – quo vadis? [Barriers to academic clinical research in Austria]. Gastvortrag an der Universitätsklinik für Dermatologie, AKH Vienna, 12-12-2007

**Guba B.** (2007): The Role of the Information Specialist in the Context of Health Technology Assessment. Workshop of the European Association for Health Information and Libraries, Krakau, Sept 12-15, 2007.

**Mad P.** (2007): Robotik in der Urologie; HTA in Krankenanstalten, Vienna, 02-27- 2007.

**Mad P.** (2007) Photodynamische Therapie. Palliation maligner Stenosen im Verdauungstrakt, HTA in Krankenanstalten, Vienna, 05-22- 2007.

**Mad P., Guba B., Langer T.** (2007): University Outpatient Departments: Role and positioning in the health care system; A literature review [Rolle und Positionierung von Ambulanzen an Universitätskliniken im Gesundheitswesen; eine Literaturübersicht]. 4<sup>th</sup> HTAi Annual Meeting, Barcelona, Juni 2007, Poster M-166.

**Radlberger P., Wild C., Guba B.** (2007): Breast Cancer Screening Programmes: Evaluation aside from clinical and economical aspects. ISPOR 10<sup>th</sup> Annual European Congress – Expanding European Horizons for Pharmacoeconomics and Outcomes Research, Dublin, Okt 20-23, 2007.

**Wild C.** (2007): HTA und Evidenzbasierte Versorgungsforschung, A3CP/Austrian Competence Circle for Clinical Pathways, Vienna, 01-26-2007.

**Wild C.** (2007): HTA und Qualitätssicherung. Fortbildung bei Kassenärztliche Vereinigung Nordrhein, Düsseldorf, 02-03-2007

**Wild C.** (2007): HTA und Evidenzbasierte Versorgungsforschung, A3CP/Austrian Competence Circle for Clinical Pathways, Vienna, 02-26-2007

**Wild C.** (2007): Health Technology Assessment – Einsatzgebiete in Österreich. Fortbildung an der 1. Medizinischen Abteilung des Wilhelminenspiitals (Zentrum für Hämatologie und Onkologie, Vorstand Univ. Prof. Dr. Heinz Ludwig), Wien, 03-08-2007.

**Wild C.** (2007): Das LBI für HTA, Ludwig Boltzmann Vorstandssitzung, Wien, 03-27-2007.

**Wild C.** (2007): Health Technology Assessment, Europäisches Forum Alpbach & FOPI/ Forum pharmazeutischer Industrie, Vienna, 03-28-2007.

**Wild C.** (2007): Health Technology Assessment in Europe, Roche-Europatagung, Wien, 03-30-2007.

**Wild C.** (2007): Health Technology Assessment in Österreich, Erfahrungen und Beispiele, UMIT-PH-course, Hall/Tyrol, 04-17-2007.

**Wild C.** (2007): Übertragungsmöglichkeiten von Health in All Policies in Österreich. Österreichische Public Health Tagung, Podiumsdiskussion, Linz, 09-21-2007.

**Wild C.** (2007): Emerging Technologies Newsletter, Jahresversammlung EuroScan und WP7/ EUnetHTA-Treffen, Dublin, April 12-13, 2007.

**Wild C.** (2007): Neonatologische Erstversorgung von Neugeborenen ohne vorab bekanntes Komplikationsrisiko. Ansätze einer evidenzbasierten Versorgungsplanung, Geburtenregister-Fachbeirat, Graz, 05-29-2007.

**Wild C.** (2007): EUnetHTA- Emerging Technologies, HTAi preconference Workshop, Barcelona, 06-17-2007.

**Wild C.** (2007): Fortschritt und Nutzen: Wieviel (marginalen) Nutzen ist genug, um noch bezahlt zu werden? Gemeinsame Jahrestagung der Deutschen, Österreichischen und Schweizerischen Gesellschaften für Hämatologie und Onkologie, Basel, 10-09-2007.

**Wild C.** (2007): Workshop: Zur Einführung von Health Technology Assessment. 4. Schweizerischer Kongress für Gesundheitsökonomie und Gesundheitswissenschaften, Bern, 10-19-2007.

**Wild C.** (2007): Zur Institutionalisierung von Health Technology Assessment: Unabhängigkeit oder gesetzliche Grundlage? 4. Schweizerischer Kongress für Gesundheitsökonomie und Gesundheitswissenschaften, Bern, 10-19-2007.

**Wild C.** (2007): Verteilungsgerechtigkeit und Ressourcenallokation: Fokus Kindermedizin. 1. Jahrestagung Politische Kindermedizin: Werte & Ökonomie, Salzburg, Okt 19-20, 2007.

**Wild C.** (2007): Ideen/ Möglichkeiten / Grenzen für Support von innovativen Arzneimitteln, public discussion at LISA, VR Life Science Circle, Vienna, 10-22-2007.

**Wild C.** (2007): Ressourcenallokation, Nutzenbewertung, Nutzen-Schaden Relation und Drug-Eluting Stents. Jahrestagung der Österreichischen Gesellschaft für Interventionelle Kardiologie, Linz, 10-30-2007.

**Wild C.** (2007): Zur Institutionalisierung von Health Technology Assessment. Österreichische Gesellschaft für Gesundheitsökonomie, Vienna, 11-14-2007.

**Wild C.** (2007): Avastin for AMD / age-related macula degeneration, informal meeting at BMG, Berlin, 07-12-2007

**Zechmeister I.** (2007): Die Finanzierung der Psychiatrie in Europa im Wandel. Überblick und Aussichten [Mental Health Care Financing in Europe. Overview and Trends]. Workshop ,DRGs in der Somatik. Folgen für die Psychiatrie?', Berlin, Jan 25-27, 2007

**Zechmeister I.** (2007): Is it worth investing in mental health promotion and prevention of mental disorders? A review of the evidence on economic evaluations. 8<sup>th</sup> workshop on costs and assessment of psychiatry: 'Investing in Mental Health Policy and Economics Research', Venice, March 09-11, 2007.

**Zechmeister I.** (2007): Adaption eines Markov Modells zur Simulation einer ,Real-life Kohorte' für Statintherapie in Österreich: Diskussion zu Methode und Datenauswahl. [Adapting a Markov Model for the simulation of a ,real-life cohort' of statin users in Austria: Discussion of method and data sources.] 8. Jahrestagung des DNEbM, Berlin, March 22-24, 2007 (Poster).

**Zechmeister I.** (2007): Gebärmutterhalskrebsprävention: Ist die HPV Impfung kosteneffektiv? [HPV vaccination for the prevention of cervical carcinoma: Is it cost-effective?] HTA in Krankenanstalten, Vienna, 05-22-2007.

**Zechmeister I.** (2007): Is it worth investing in mental health promotion and prevention of mental disorders? A review of the evidence from economic evaluations. Health Technology Assessment international Conference, Barcelona, June 18-20, 2007.

**Zechmeister I.** (2007): Is it worth investing in mental health promotion and prevention of mental disorders? A review of the evidence from economic evaluations. International Health Economics Association Conference, Copenhagen, July 09 -11, 2007.

**Breyer E.** (2007): Nanotechnologie in der Medizin: Hoffnung und Risiken [Nanotechnologies in medicine: hopes and risks]. HTA-Newsletter September 2007, Nr. 60.

articles published in the  
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**Breyer E.** (2007): Heimdialyse: Patientencharakteristika [Patient characteristics for home dialysis]. HTA-Newsletter Oktober 2007, Nr. 61.

**Breyer E., Adelbrecht Ch. & Wild C.** (2007): Avastin® bei altersbedingter Makuladegeneration [Avastin® for age-related macular degeneration]. HTA-Newsletter Oktober 2007, Nr. 61.

**Breyer E.** (2007): Magnetfelder: Sanfte Medizin oder Umweltgefahr [Magnetic fields]. HTA-Newsletter November 2007, Nr. 62.

**Falkner E.** (2007): Tissue Engineering: Züchtung von Gewebe [Tissue Engineering]. HTA-Newsletter May 2007, Nr. 57

**Falkner E., Wild C.** (2007): Cell Salvage. Fremdblut sparende Maßnahmen [Cell salvage for minimising perioperative allogeneic blood transfers]. HTA-Newsletter July/August 2007, Nr. 59.

**Falkner E.** (2007): Zentralvenöse Portsysteme. Risikofaktor Thrombosen [Central venous port system associated thromboses]. HTA-Newsletter November/Dezember 2007, Nr. 62.

**Falkner E.** (2007): Thromboseprophylaxe bei operativen Eingriffen [Reducing the risk of venous thromboembolism]. HTA-Newsletter November/Dezember 2007, Nr. 62.

**Felder-Puig R.** (2007): Altersbedingte Makuladegeneration. Therapie & Lebensqualität [Age-related macular degeneration. Treatment and quality of life]. HTA-Newsletter January 2007, Nr. 53.

**Felder-Puig R.** (2007): Gewichtsreduktion bei Bluthochdruck. Behandlungsstrategien [Hypertension and weight-loss. Treatment options]. HTA-Newsletter February 2007, Nr. 54.

**Felder-Puig R.** (2007): Rückenschmerzen. Zahlreiche Verfahren [Back pain. Numerous interventions]. HTA-Newsletter March 2007, Nr. 55.

**Felder-Puig R.** (2007): Diskusprothesen. Neue Studienergebnisse [Artificial cervical discs. Recent study results]. HTA-Newsletter May 2007, Nr. 57.

**Felder-Puig R.** (2007): Interventionen bei Demenz-Kranken. Prävention von rastlosem Herumwandern [Non-pharmacological interventions to prevent wandering in dementia]. HTA-Newsletter July/August 2007, Nr. 59.

**Felder-Puig R.** (2007): Ganzkörper-CT Screening. Mehr Schaden als Nutzen? [Whole-body-CT screening. More harm than benefit?]. HTA-Newsletter September 2007, Nr. 60.

**Geiger-Gritsch S.** (2007): Avastin® (Bevacizumab). „Off-Label-Use“ bei Krebs [Avastin® (Bevacizumab). „Off-Label-Use“ in cancer]. HTA-Newsletter June 2007, Nr. 58.

**Mad P.** (2007): Drug Eluting Stents. Sicherheit von DES. HTA-Newsletter January 2007, Nr. 53.

**Mad P.** (2007): Robotik in der Urologie. Eingriffe an der Prostata. HTA-Newsletter February 2007, Nr. 54.

**Mad P.** (2007): Glaukom: Screening-Verfahren auf dem Prüfstand. HTA-Newsletter March 2007, Nr. 55.

**Mad P.** (2007): Telemonitoring bei chronischer Herzinsuffizienz. HTA-Newsletter April 2007, Nr. 56.

**Mad P.** (2007): Photodynamische Therapie: Palliation maligner Stenosen im Verdauungstrakt. HTA-Newsletter June 2007, Nr. 58.

**Mad P.** (2007): Versorgungs-Forschung: Effektivität qualitätsfördernder Maßnahmen. HTA-Newsletter September 2007, Nr. 60.

**Mathis S.** (2007): Interstitielle Brachytherapie. HTA-Newsletter May 2007, Nr. 57

**Radlberger P.** (2007): P450-Genotypisierung. Mangelnde Evidenz für Genotypisierungen. HTA-Newsletter January 2007, Nr. 53

**Radlberger P.** (2007): Früherkennungsprogramme. Unterschiedliche Einflussfaktoren auf die Partizipationsrate bei Screenings. HTA-Newsletter March 2007, Nr. 55.

**Radlberger P.** (2007): P450-Genotypisierung. Mangelnde Evidenz für Genotypisierungen. HTA-Newsletter January 2007, Nr. 53.

**Radlberger P.** (2007): Früherkennungsprogramme. Unterschiedliche Einflussfaktoren auf die Partizipationsrate bei Screenings. HTA-Newsletter March 2007, Nr. 55.

**Radlberger P.** (2007): Wundversorgung: Vakuumversiegelung. HTA-Newsletter April 2007, Nr. 56.

**Radlberger P.** (2007): Massenspektrometrie: Früherkennung von Stoffwechselerkrankungen bei Neugeborenen. HTA-Newsletter September 2007, Nr. 60.

**Radlberger P.** (2007): Epilepsie: medikamentöse Behandlung. HTA-Newsletter November 2007, Nr. 62.

**Wild C.** (2007): Wachstumshormone. HTA-Newsletter February 2007, Nr. 54.

**Wild C.** (2007): Biosimilars. HTA-Newsletter February 2007, Nr. 54.

**Wild C., Zechmeister I.** (2007): Ressourcenallokation und Verteilungsgerechtigkeit. Rationierungsethiken. HTA-Newsletter July 2007, Nr. 59.

**Zechmeister I.** (2007): Altersbedingte Makuladegeneration. Diagnostik der AMD. HTA-Newsletter April 2007, Nr. 56.

**Zechmeister I.** (2007): Hepatitis C Behandlung. HTA-Newsletter July 2007, Nr. 59.

**Wild C., Zechmeister I.** (2007): Ressourcenallokation und Verteilungsgerechtigkeit. Rationierungsethiken. HTA-Newsletter July 2007, Nr. 59.

**Zechmeister I.** (2007): Sozialpolitische Maßnahmen bei psychischen Erkrankungen. HTA-Newsletter September 2007, Nr. 60.

## 2.3 Participation in Scientific Meetings & Conferences

8<sup>th</sup> Conference on Cost and Assessment in Psychiatry: ‘Investing in Mental Health Policy and Economics Research’, Venice, March 09-11, 2007 (Ingrid Zechmeister)

conferences

8<sup>th</sup> Annual Meeting of the German Network of Evidence-based Medicine, Berlin, March 22-24, 2007 (Rosemarie Felder-Puig, Beate Guba, Claudia Wild, Ingrid Zechmeister)

Symposium „Korrupt oder korrekt: Wie bleibt die Selbsthilfe unabhängig?“, Berlin, 04-27-2007 (Beate Guba)

TA07 „Technikfolgenabschätzung zwischen Inter- und Transdisziplinarität“, Vienna, 06-04-2007 (Claudia Wild, Ingrid Zechmeister)

4<sup>th</sup> Annual Meeting of HTAi: HTA for Evidence-Based Public Health, Barcelona, June 17-20, 2007 (Rosemarie Felder-Puig, Beate Guba, Philipp Mad, Philipp Radlberger, Stefan Mathis, Claudia Wild, Ingrid Zechmeister)

DG SANCO & BMGFJ (ÖBIG): Pharmaceutical Pricing and Reimbursement Information PPRI, Vienna, 06-29-2007, (Claudia Wild, Philipp Radlberger)

6<sup>th</sup> Biennial World Congress der „International Health Economics Association“, Copenhagen, July 09-11, 2007 (Ingrid Zechmeister)

ESAQ 2007 – XXXIV. Conference European Society for Artificial Organs, Krems, Sept 5-8, 2007 (Erwin Falkner)

EAAT Conference 2007 – Annual Meeting of the European Association of Addiction Therapy, Vienna, Sept 10-12, 2007 (Philipp Radlberger)

Workshop of the European Association for Health Information and Libraries, Krakau, Sept 12-15, 2007 (Beate Guba)

GMDS-Tagung „Medizin und Gesellschaft“, Augsburg, Sept 17-21, 2007 (Sabine Geiger-Gritsch, Beate Guba)

BIOSPINE 2, 2<sup>nd</sup> International Congress – Biotechnologies for Spinal Surgery, Leipzig, Sept 19-20, 2007 (Erwin Falkner)

10<sup>th</sup> annual conference of the Austrian Society for Public Health, Linz, Sept 20-21, 2007 (Claudia Wild, Ingrid Zechmeister, Gerald Gartlehner, Philipp Radlberger)

15<sup>th</sup> European Conference on Public Health – The Future of Public Health in the Unified Europe, Helsinki, Oct 11-13, 2007 (Stefan Mathis)

3<sup>th</sup> World Congress on Regenerative Medicine, Leipzig, Oct 18-20, 2007 (Erwin Falkner)

8. HTA-Symposium von DAHTA@DIMDI: Entscheiden in der Medizin, Köln, Oct 18-19, 2007 (Sabine Geiger-Gritsch)

ISPOR 10<sup>th</sup> Annual European Congress – Expanding European Horizons for Pharmacoeconomics and Outcomes Research, Oct 20-23, 2007, Dublin (Gerald Gartlehner, Sabine Geiger-Gritsch, Philipp Radlberger, Ingrid Zechmeister)

HTA-conference 2007, London, 11-01-2007 (Claudia Wild)

**seminars, lectures**

Risk Governance of Nanotechnologies: The International State-of-the-Art, Vienna, 09-25-2007 (Stefan Mathis)

Haemovigilance and tissue vigilance. Institute for International Research (I.I.R.), Vienna, Oct 9-10, 2007 (Erwin Falkner)

Role of effector molecules of natural born defence in burns, seminar at LBI for experimental and clinical traumatology / clusters for tissue regeneration, Vienna 10-25-2007 (Erwin Falkner)

Cartilage Regeneration – Where are we at? Seminar LBI for experimental and clinical traumatology / clusters for tissue regeneration, Vienna, 11-09-2007 (Erwin Falkner)

WISSENnetworx Workshop „Wissen was läuft: Semantische Technologien im Wissensmanagement“, Salzburg, 11-15-2007 (Beate Guba).

Biosimilars – Neue Herausforderungen für das Gesundheitssystem, Vienna, 11-26-2007 (Stefan Mathis)

EUnetHTA WP4 project-coordination meeting, Helsinki, Jan 18-19, 2007 (Philipp Radlberger)

EUnetHTA WP5 project-coordination meeting, Venice, Sept 27-28, 2007 (Philipp Radlberger)



### 3 Scientific Co-operations

INAHTA annual meeting, Barcelona, June 20-22, 2007 (Claudia Wild)

INAHTA and HTAi Workshop on Ethical Issues, Oslo, Sept 21-23, 2007 (Stefan Mathis)

EUnetHTA WP4 project coordination meeting, Helsinki, Jan 27-28, 2007 (Philipp Radlberger)

EUnetHTA WP1 Executive Meeting, Barcelona, 03-22-2007 (Claudia Wild)

EUnetHTA WP7 project coordination meeting, Dublin, April 11-14, 2007 (Claudia Wild, Rosemarie Felder)

EUnetHTA WP5 project coordination meeting, Venice, Sept 27-28, 2007 (Philipp Radlberger)

EUnetHTA WP1 executive meeting, Stockholm, Oct 11-12, 2007 (Claudia Wild)

4<sup>th</sup> Meeting of the EUPHORIC Project, Helsinki, 10-09-2007 (Stefan Mathis)

InnoHTA, kick-off-meeting, Brussels, 01-26-2007 (Philipp Radlberger)

InnoHTA, project coordination meeting, Vienna, May 2-3, 2007 (Claudia Wild, Sabine Geiger-Gritsch, Philipp Radlberger)

InnoHTA, project coordination meeting, Lübeck, Dec 12-14, 2007 (Philipp Radlberger)

MHEEN (Mental Health Economics European Network) meeting, Ljubljana, June 28-30, 2007 (Ingrid Zechmeister)

Cooperation with ScHARR (School of Health and Related Research) at Sheffield University/UK on Developing a decision analytic model for statin therapy in Austria (Ingrid Zechmeister)

Cooperation with the Institute for Microparasite Epidemiology/Imperial College London/UK, the Institute for Medical Science/Department of Biostatistics/University of Oslo/Norway and with the Norwegian Knowledge Centre for the Health Service on Adaptation of a health economic analysis for the evaluation of HPV-vaccination in Austria (Ingrid Zechmeister)

Dialog<>Gentechnik-collaboration in working group on genetic data, Vienna, 10-04-2007 (Stefan Mathis)

INRO / International Neurotrauma Research Organization – cooperative project for optimizing first aid in craniocerebral injury patients, Vienna, 11-09-2007 (Claudia Wild)

Registry workshop with EFORT coordinator, Orthopaedic University clinic, Innsbruck, 11-29-2007 (Stefan Mathis)

**international networks:**  
**EUnetHTA**

**InnoHTA**

**international co-operation**

**national co-operation**

**HTA newsletter:  
external contributions**

The following authors contributed articles to the HTA newsletter:

- ✿ Dr. Christopher Adlbrecht, AKH Wien
- ✿ Univ.-Prof. Dr. Reinhard Busse, Institut für Management im Gesundheitswesen an der TU-Berlin
- ✿ Mag. Andrea Fried, ÖKZ/ Österreichische Krankenhauszeitung
- ✿ Mag. Sylvia Groth, MAS, Frauengesundheitszentrum Graz
- ✿ DDr. Andrea Korencan
- ✿ Dr. Gerold Labek, EFORT Arthroplasty Register Coordinator, Orthopädische Universitätsklinik Innsbruck
- ✿ Dipl.-Soz. Thomas Langer, ÄZQ Berlin
- ✿ MMag. Sigrid Metz, Nationales Referenzzentrum für nosokomiale Infektionen und Antibiotikaresistenz, A.ö. Krankenhaus der Elisabethinen Linz
- ✿ Univ.-Prof. Dr. Helmut Mittermayer, Nationales Referenzzentrum für nosokomiale Infektionen und Antibiotikaresistenz, A.ö. Krankenhaus der Elisabethinen Linz
- ✿ Dr. Heide Said, MPH, Österreichische Gesellschaft für Public Health
- ✿ Dr. Marcial Velasco-Garrido, Institut für Management im Gesundheitswesen an der TU-Berlin

## 4 Other Activities

**Claudia Wild** teaches ‚Health Technology Assessment’ for the Master’s Course for Public Health at the Medical University of Graz & at Master’s Course for „Public Health Hospital Management” at the Institute of Economics in Linz. She is lecturer for the postgraduate course Master of Management in Health Care at the Danube University Krems.

teaching

Claudia Wild taught „Ethics in resource allocation in health care” at the Institute for Philosophy at the University of Vienna (winter semester 2007).

**Ingrid Zechmeister** teaches ‚Economic evaluation in health care’ for the Masters Course for Public Health at the Medical University of Graz.

**Beate Guba** held two workshops on „Searching the Internet” at the Austrian health ministry.

**Gerald Gartlehner** is an Adjunct Assistant Professor for Public Health at the University of North Carolina at Chapel, School of Public Health.

**Claudia Wild** carries out review activities for the journals ‚Healthcare Policy’, ‚Zeitschrift für ärztliche Fortbildung und Qualität im Gesundheitswesen’, ‚European Journal for Public Health’ und ‚Healthcare Policy—Politiques de Santé’. Also, she participated in the project „quality in healthcare systems with emphasis on health policy options for Austria” in cooperation with the London School of Economics, where she is a member of the research board.

expert &  
referee activities

Moreover she joined the working group Public Health at Transparency International – Austrian Chapter and consulted the Court of Auditors in Upper Austria.

**Ingrid Zechmeister** was editor of the 2/2007 issue of the journal ‚Kurswechsel’. Furthermore, she carried out review activities for the Journal „Social Science and Medicine” and for developing research quality criteria for publications by the Upper Austrian health insurance fund.

In 2007 **Beate Guba** carried out review activities for the „Verein zur Förderung der Informationswissenschaft”.

In 2007 **Gerald Gartlehner** reviewed manuscripts for the following peer-reviewed journals: Drug Safety, Archives of Internal Medicine, Seminars in Arthritis and Rheumatism, International Journal of Quality in Healthcare, and Quality of Life Research

The following diploma and doctoral theses were supervised by Claudia Wild and supported by services of the library of the LBI-HTA:

supervision of diploma  
and doctoral theses

- ✿ Marc Krenn (Alpen-Adria-Universität Klagenfurt): Telemonitoring for cardiovascular diseases (working title)
- ✿ Mag. Elisabeth Breyer (IMC Krems): Applications of new medical interventions of solidary health care systems (working title)
- ✿ Mag. Petra Petz (University of Vienna): Recombinant growth hormone (working title)
- ✿ Mag. Martina Nitsch (University of Vienna): Agenda setting in medical journalism (working title)

#### library information

Because the LBI-HTA intends to enable long-term and free access to its publications, emphasis has been placed on the development of a document server. The server provides extensive search options in English and German.

In addition to this channel of distribution which is important for the transfer of knowledge the delivery of publications to the Library of the Medical University of Vienna and the legal deposit of copies ensure that scientists and students in Austria become familiar with the Institute's publications. In order to raise awareness of the Institute's research results internationally, summaries and other relevant information are regularly sent to the INAHTA office. Due to this cooperation, project reports and rapid assessments from the LBI-HTA have also been accepted into the HTA-Database of the Centre for Reviews and Dissemination in York, and are accessible via <http://www.crd.york.ac.uk/crdweb/>.

## 5 Prospects

In 2008 there are diverse challenges:

Firstly, organizational growth is an issue. The new partnership with the HVB as well as further third party projects and rapid policy advising (reports) need to be processed while maintaining high standards of research.

**management of growth**

Secondly, methods developed in 2007 will be used to evaluate individual medical services for the DRG catalogue for the federal ministry of health between January and March. The whole research team is involved in the task.

**implementation  
of method for DRG-  
evaluation**

Thirdly, as a consequence of cooperation with the Donauuniversität Krems, there will be a six day HTA course taking place in Krems. Due to high demand, the course will be held twice in 2008.

**teaching HTA**

After the foundation of the „LBI für Gesundheitsförderungsforschung“ (the former LBI for medical sociology, LBI-HTA) clustering and close cooperations are planned. Also to the already established partnership with the UMIT a new cooperation will be added namely with the newly founded institute for evidence based medicine at the Donauuniversität Krems. The head of that institute will be Dr. Gerald Gartlehner – member of the LBI-HTA at the time being.

**further cooperations**